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Department of NEUROLOGY

Discharge Summary

IP No :	IP:2021/013207	Patient No :	PP:2021/029037
Patient's Name :	SHASHI BALA	Admission Date :	28/08/2021
Age/Sex :	65 Y /F	Discharge Date :	10/09/2021 1:03:19 PM
Address :	388 JANKIPURAM,	Phone No :	
City :	LUCKNOW	Mobile No :	**8874700348 Status : Improving**
Discharge Doctor :	Dr.Pradeep Kumar Maurya (MBBS, MD, DM Professor Jr., Neurology)	Bed No :	20/Neurology Ward 2nd Floor

Diagnosis:- Right sided Hemiparesis due to Left Gangliocapsular infarct with Left ICA thrombosis With AF with FVR

History:- c/o deviation of angle of mouth to left side,weakness of Rt UL,LL. on 27/8/21The complain started as weakness of right upper limb and lower limb , acute in onset, non progressive associated with deviation of angle of mouth . no history of headache/ seizure/ loss of consciounesness.no history of chest p[ain, palpitation ,breathlessness. History of slurring of speech with deviation of angle of mouth (legt parietal lobe infarct) in 2018 and was on regular medications

Past H/O :- No h/o of HTN / DM / COPD / CAD / PTB

Examination:- BP= 120/80mmHg, Afebrile, Pulse=78 /min, RR-18 /min, NR -, KS -

CVS:-S1- S2 (N), no murmur.

Respiratory:-B/L clear.

Abdomen: - Soft, No organomegaly.

Nervous System: - Conscious and Oriented to time place person

Pupils:- B/L NSNR **E4V5M5:** - Full.

GCS: - **EVM** at the time of admission.

Motor System: - Power=4/5 in Rt. UL & 5/5 in Lt UL.
4/5 in Rt. LL & 5/5 in Lt LL.

Nutrition: - Normal

Tone :- Normal.

Reflexes: - DTR= Rt. = BJ+3, TJ+3, SJ+3, KJ+3, AJ+,
Lt. = BJ+2, TJ+2, SJ+2, KJ+2, AJ+.

Superficial :- Right-- Extensor, Left – Flexor

Hospital Course :- On hospital admission patient evaluated thoroughly. and was found to have right sided hemiparesis. MRI brain with MRA was s/o of left Gangliocapsular infarct with left ICA thrombosis. During the hospital course the patient developed AF with FVR . Cardiology consultation was taken –Tab Apixiban 5mg BD was Metaprolol 25mg BD and Dilzem CD 90mg BD was started. There was no deterioration in GCS.CT angiography study showed non opacification of left ICA and MCA likely thrombosis.. So the patient attenders have been informed to get an opinion from Interventional radiology (SGPGI) to commend regarding the need for any intervention in this case.- advised conservative management. The patient improved symptomatically , hence discharged.

Treatment at discharge

Tab Ceftum 500mg BD for 7 days

Tab Apixiban 5mg BD

Tab Embeta 25mg BD

Tab Dilzem CD 90mg BD

Tab Atorva 40mg OD HS

Tab Folic acid 5mg OD

Tab Citicolin 500mg BD for 7 days

Syp Cremaffin Plus 10ml sos

Tab Pan 40mg OD BBF

Imb physiotherapy

Review after 2 weeks in neurology OPD on Tuesday/ Friday

Investigation:-

HIV(1/2) -Negative, ANTI HCV-Negative ,HBsAg:- -Negative

Hematology :- Hb=12.50 gm%, TLC=8043mic.L, DLC= P61%, L27 %, E03 %, M09% , B00% , Platelet Count= 1.82L/mic.L, MCV=72.70 fl, MCH=23.80 pg, MCHC=14.40 gm%. **ESR :-**
Blood sugar(random) -153mg/dl.; HBA1C= 6.50%
PT/INR : 14.40sec/1.09 , APTT : sec ; HSCRP= 1.42mg/L
S. Electrolytes- S.Potassium= 4.02mmol/l, S. Sodium=138mmol/l.
KFT- B.Urea= 17.80mg %, S.Creatinine=0.67mg%.
Chemistry:- S.Calcium(Ionic)= 1.11mmol/l,
TROPONIN I= not detected
LFT- S. Bilirubin (Total)= 0.63mg%, S. Bilirubin(Direct)=0.14 mg%, SGOT=18U/L, SGPT=17 U/L, S. Alkaline Phosphatase=117U/L, S.albumin-= 4.05 g/dl, S. protein total= gm%..
CSF EXAMINATION= Sugar- mg/dl, Protein- mg/dl, ADA- u/l, TLC- cells/cumm.P= L=
Z.N. stain= CALAS= GeneXpert=

Urine examination-Physical:- colour = yellow, sp. gravity-1.020, ph-6.5
Chemical= Protein- N, Glucose –Negative, Billirubin- Negative,
Urobilinogen-Normal, blood-Present ++ .
Microscopic – TLC-0-1/hpf, RBC's-20-30/hpf
Urine culture-

Thyroid Profile-T_3- 103.30ng/dl, T_4- 9.60mic.g/dl, TSH-1.70uIU/ml,
Lipid Profile = T. Cholesterol= 128 mg/dl, Sr. HDL= 51mg/dl, Sr. LDL= mg/dl, Sr. VLDL= mg/dl S. Triglyceride= 83 mg/dl
Serum Ferritin= 110ng/ml

Radiology:-

CT Head =CT Angiographic study reveals non opacification of left ICA and MCA.. Likely Thrombosed

2D ECHO=Patient in AF; Normal chamber dimensions , normal LV systolic function, LVEF 60% No RWMA; Mild TR , NO PAH ; LV diastolic Function normal ; NO PE/CLOT/ Vegetation

Consultant: Dr P K Maurya , DM (Neurology)

Residents: Dr Sumit ; Dr Rakesh ; Dr Midhun

Discharge Summary Checked By

Senior Resident
Deptt. Of Neurology
Dr. R.M.L.I.M.S., Lucknow

Discharge Summary Prepared By